AND FLAN OF CORRECTION

TAG

K 062

11/17/2010 14:05

86555 ... 739

HEALTH CARE FACILITY

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PRINTED: 11/12/2010 FORM APPROVED OMB NO, 0938-0391

11/08/2010

(XS) COMPLETION DATE

12-05-2010

11-24-2010

12-05-2010

11-23-2010

DEPARTMENT OF HEALTH	AND HUMAN SERVICES		
CENTERS FOR MEDICARE	S MEDICAID OFFI	110	_
STATEMENT OF DEFICIENCIES	A MEDICALD SERVICES		_
O IS THE TOP OF PERCHANCES	(X1) PROVIDERMINED INCOME.		_

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: A. BUILDING

445235

(X2) MULTIPLE CONSTRUCTION

December 5.

Maintenance Director.

(Inservice attached.)

which meets quarterly and

Director and Dietary Manager.

B. WING

PREFIX TAG

K 050

01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

BOULEVARD TERRACE NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

> A comprehensive fire in-service for All employees will be accomplished by

DEFICIENCY

This will be done by the Maintenance Director

The employee who was involved was given an Individual in-service by the administrator and

The facility safety committee chairperson (Maintenance Director) will conduct fire drills

if compliance is met; fire drills will be done

Reports of fire drills and identified problems

shall be reviewed by the safety committee

of Nursing or ADON, Environmental Services

consists of the Maintenance Director, Administrator, Restorative Supervisor, Director

monthly, which is quarterly for each shift,

every two weeks on each shift for two months;

	
K 050 S\$≃F	NFPA 101 LIFE SAFETY CODE STANDARD
	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms.

This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed the fire drill,

The findings include:

19.7.1,2

alarms.

On 11/8/10, at 9:45 a.m., observation during the fire drill revealed the staff member who responded to the fire drill alarm signal was not familiar with the fire drill procedures. National Fire Protection Association. (NFPA) 101, 19.7.2.3

This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit interview on 11/8/10. NFPA 101 LIFE SAFETY CODE STANDARD

SS=E Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 082

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIED REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

11/17/2010 14:05

86555 /39

HEALTH CARE FAUILITY

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PRINTED: 11/12/2010 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

BOULEVARD TERRACE NURSING HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (K 062 Continued From page 1 This STANDARD is not met as evidenced by: Based on records review it was determined the facility failed to maintain the sprinkler system as required. STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 062 The sprinkler contractor changed managers and did not come when due. A service technician came Immediately and inspected the system			445235	A. BUILDIN	IG 01 - MAIN BUILDING 01	COMPL	ETED
PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) (A COSS-REFERENCED TO THE APPROPRIATE DEPICED TO THE APPROPRI				STF 1	530 MIDDLE TENNESSEE BLVI	CODE	<u>)8/2010</u>
Continued From page 1 This STANDARD is not met as evidenced by: Based on records review it was determined the facility falled to maintain the sprinkler system as required. The findings include: On 11/8/10, at 1:30 p.m., records review revealed the sprinkler system was last inspected and serviced by a state certified sprinkler company on February 9th of 2009. National Fire Protection Association (NFPA) 25, 5.2.1.1 This finding was verified by the Maintenance Director and verified by the Administrator during the exit interview on 11/8/10. K 082 The sprinkler contractor changed managers and did not come when due. A service technician came Immediately and inspected the system (documentation attached) To assure future compliance the Maintenance Director will continue to document the date on a calendar and will contact the sprinkler contractor two weeks prior to the due date. (Prior to this, the sprinkler contractor contacted the facility) The safety committee, consisting of the Maintenance Director, Administrator, Restorative Supervisor, Director of Nursing or ADON, Environmenta Services Director and Dietary Manager will add the inspection to master list of building equipment maintenance and inspection checklist. This will be			ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE COMPLETE	
	This Bas facing requirements on the service Assertation of the service Asse	is STANDARD is sed on records no ility falled to main ulred. In findings included 11/8/10, at 1:30 sprinkler system viced by a state of ruary 9th of 2000 octation (NFPA). If finding was verified to set of and verified to read the control of the control octation (NFPA).	s not met as evidenced by: eview it was determined the ntain the sprinkler system as p.m., records review revealed was last inspected and pertified sprinkler company on 9. National Fire Protection 25, 5.2.1.1 ified by the Maintenance by the Administrator during	\$ 5	The sprinkler contractor changed and did not come when due. A came Immediately and inspecte (documentation attached) To assure future compliance the Director will continue to docum a calendar and will contact the sprinkler contractor two weeks prior to the (Prior to this, the sprinkler contracted the facility) The safety committee Maintenance Director, Administrative Gupervisor, Director of Nursing or Services Director and Dietary Mainspection to master list of buildinaintenance and inspection check and services are contracted to the difference of the contracted to the contracted to the difference of the contracted to the contracted	d managers service technician d the system Maintenance tent the date on prinkler e due date. actor contacted c, consisting of the ator, Restorative ADON, Environment nager will add the ing equipment klist. This will be	11-09-2010